

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		06-20-01
O.I.P.E. CLASSIFIER		8	6-29-01
FORMALITY REVIEW	U.T.	1117	8/9/01
RESPONSE FORMALITY REVIEW	Request RM	995 927	10-11-01 02-26-02

# INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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